

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/529269	FILING DATE		
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/			51					
2		/		/		52					
3	/			/		53					
4		/		/		54					
5	/		/			55					
6		/		/		56					
7	/		/			57					
8		/		/		58					
9	/		/			59					
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11	/		/			61					
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43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	7		7			TOTAL IND.					
TOTAL DEP.	8	8	8	8		TOTAL DEP.					
TOTAL CLAIMS	15	15	15	15		TOTAL CLAIMS					